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ABSTRACT

The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members are dedicated to the enhancement of human development. In line with this dedication to human development, the principles that define the ethical behavior required of ACA members are presented here. All members are required to adhere to the ACA Code of Ethics, as well as the ACA Standards of Practice (also listed here). The ACA Code of Ethics, which serves as the basis for processing ethical complaints initiated against members, opens with rules regarding the counseling relationship, including client welfare, client rights, dual relationships, sexual intimacies with clients, multiple clients, fees and bartering, termination and referral, and computer technology. The next section centers on confidentiality issues, and addresses such concerns as privacy, disclosure, records, research and training, and consultation. Professional responsibility is then covered, with codes on standards of knowledge, professional competence, advertising and soliciting clients, credentials, public responsibility, and responsibility to other professionals. Subsequent sections of the ACA Code of Ethics examine the following: relationships with other professionals; evaluation, assessment, and interpretation; teaching, training, and supervising; research and publication; and resolving ethical issues. The ACA Standards of Practice, which briefly recapitulate the ACA Code of Ethics, represent the minimal behavioral statements of the code. Policies and procedures for processing ethical violations are also discussed. (RJM)

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ACA
American Counseling Association

CODE OF ETHICS AND STANDARDS OF PRACTICE

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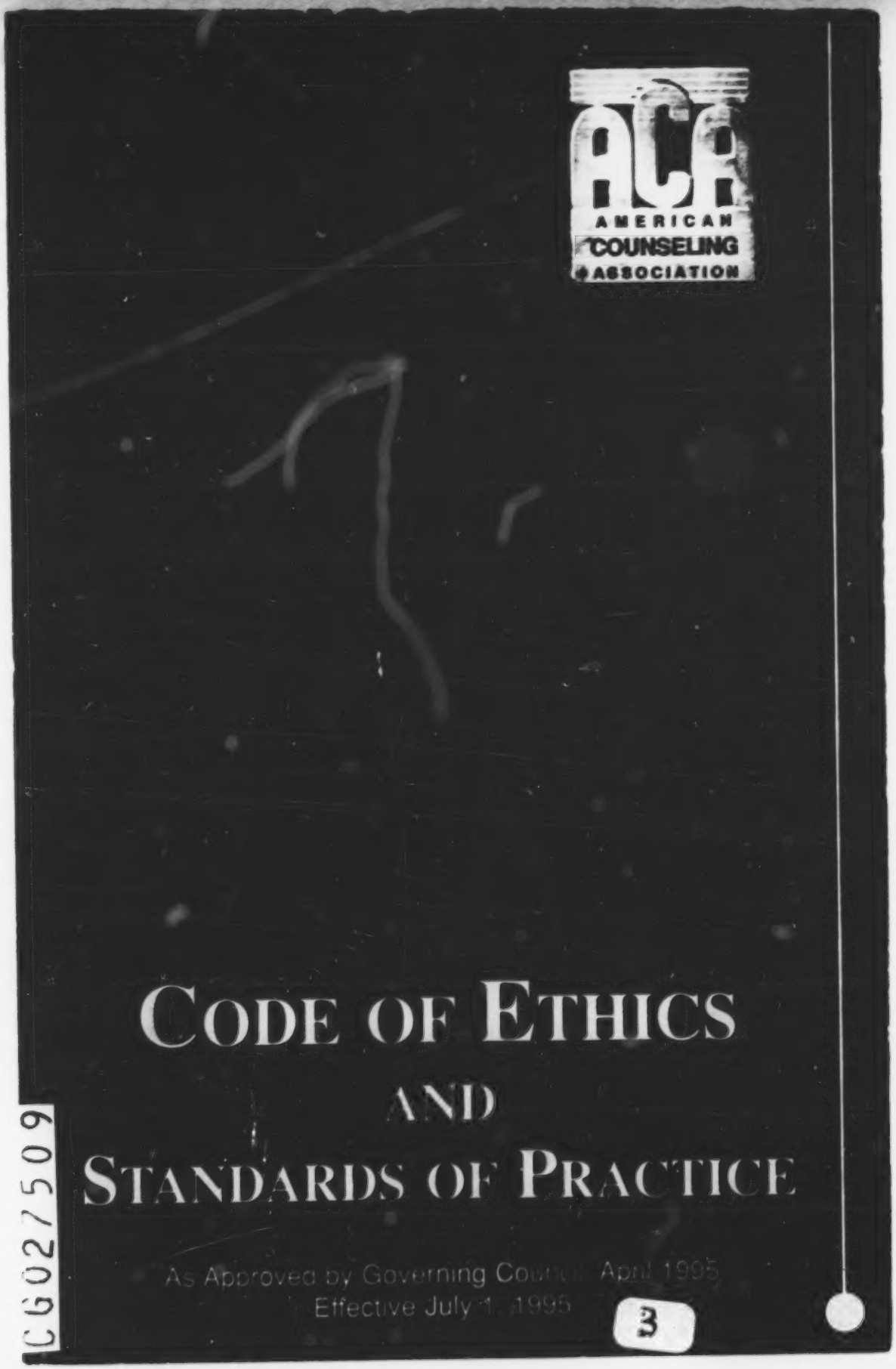

CODE OF ETHICS
AND
STANDARDS OF PRACTICE

As Approved by Governing Council April 1995
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Preamble

The American Counseling Association is an educational, scientific and professional organization whose members are dedicated to the enhancement of human development throughout the life span. Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.

The specification of a code of ethics enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members. As the code of ethics of the association, this document establishes principles that define the ethical behavior of association members. All members of the American Counseling Association are required to adhere to the Code of Ethics and the Standards of Practice. The Code of Ethics will serve as the basis for processing ethical complaints initiated against members of the association.

SECTION A: THE COUNSELING RELATIONSHIP

A.1. CLIENT WELFARE

a. *Primary Responsibility.*

The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

b. *Positive Growth and Development.*

Counselors encourage client growth and development in ways that foster the clients' interest and welfare; counselors avoid fostering dependent counseling relationships.

c. *Counseling Plans.*

Counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients' freedom of choice. (See A.3.b.)

d. *Family Involvement.*

Counselors recognize that families are usually important in clients' lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

e. *Career and Employment Needs.*

Counselors work with their clients in considering employment in jobs and circumstances that are consistent with the clients' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

A.2. Respecting Diversity

a. *Nondiscrimination.*

Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a., C.5.b., and D.1.i.)

b. *Respecting Differences.*

Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts her/his values and beliefs about the counseling process. (See E.8. and F.2.i.)

A.3. CLIENT RIGHTS

a. *Disclosure to Clients.*

When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a. and G.2.)

b. *Freedom of Choice.*

Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained. (See A.1.c.)

c. *Inability to Give Consent.*

When counseling minors or persons unable to give voluntary informed consent, counselors act in these clients' best interests. (See B.3.)

A.4. Clients Served by Others

If a client is receiving services from another mental health professional, counselors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c.)

A.5. Personal Needs and Values

a. *Personal Needs.*

In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. *Personal Values.*

Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See C.5.a.)

A.6. Dual Relationships

a. *Avoid When Possible.*

Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See F.1.b.)

b. *Superior/Subordinate Relationships.*

Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

A.7. Sexual Intimacies With Clients

a. *Current Clients.*

Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

b. *Former Clients.*

Counselors do not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationship after two years following termination have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

A.8. Multiple Clients

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately. (See B.2. and B.4.d.)

A.9. Group Work

a. *Screening.*

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

b. *Protecting Clients.*

In a group setting, counselors take reasonable precautions to protect clients from physical or psychological trauma.

A.10. Fees and Bartering

(See D.3.a. and D.3.b.)

a. *Advance Understanding.*

Counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (A.11.c.)

b. *Establishing Fees.*

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See A.10.d., D.3.a., and D.3.b.)

c. *Bartering Discouraged.*

Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitive, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See A.6.a.)

d. *Pro Bono Service.*

Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

A.11. Termination and Referral

a. *Abandonment Prohibited.*

Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

b. *Inability to Assist Clients.*

If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

c. *Appropriate Termination.*

Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See A.10.b. and C.2.g.)

A.12. Computer Technology

a. *Use of Computers.*

When computer applications are used in counseling services, counselors ensure that: (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer

application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. *Explanation of Limitations.*

Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

c. *Access to Computer Applications.*

Counselors provide for equal access to computer applications in counseling services. (See A.2.a.)

SECTION B: CONFIDENTIALITY

B.1. RIGHT TO PRIVACY

a. *Respect for Privacy.*

Counselors respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.)

b. *Client Waiver.*

The right to privacy may be waived by the client or their legally recognized representative.

c. *Exceptions.*

The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

d. *Contagious, Fatal Diseases.*

A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.1.c and B.1.f)

e. *Court Ordered Disclosure.*

When court ordered to release confidential information without a client's permission, counselors request to the court that the disclosure not be required due to potential harm to the client or counseling relationship. (See B.1.c.)

f. *Minimal Disclosure.*

When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

g. *Explanation of Limitations.*

When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached. (See G.2.a.)

h. *Subordinates.*

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates including employees, supervisees, clerical assistants, and volunteers. (See B.1.a.)

i. *Treatment Teams.*

If client treatment will involve a continued review by a treatment team, the client will be informed of the team's existence and composition.

B.2. GROUPS AND FAMILIES

a. *Group Work.*

In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in

group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

b. *Family Counseling.*

In family counseling, information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member. (See A.8., B.3., and B.4.d.)

B.3 Minor or Incompetent Clients

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See A.3.c.)

B.4. Records

a. *Requirement of Records.*

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

b. *Confidentiality of Records.*

Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)

c. *Permission to Record or Observe.*

Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)

d. *Client Access.*

Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See A.8., B.1.a., and B.2.b.)

e. *Disclosure or Transfer.*

Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.5. Research and Training

a. *Data Disguise Required.*

Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)

b. Agreement for Identification.

Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.3.d.)

B.6. Consultation

a. *Respect for Privacy.*

Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

b. *Cooperating Agencies.*

Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

SECTION C: PROFESSIONAL RESPONSIBILITY

C.1. STANDARDS KNOWLEDGE

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

C.2. PROFESSIONAL COMPETENCE

a. *Boundaries of Competence.*

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

b. *New Specialty Areas of Practice.*

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

c. *Qualified for Employment.*

Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent.

d. *Monitor Effectiveness.*

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

e. *Ethical Issues Consultation.*

Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice. (See H.1)

f. *Continuing Education.*

Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

g. *Impairment.*

Counselors refrain from offering or accepting professional services when their physical, mental or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

C.3. ADVERTISING AND SOLICITING CLIENTS

a. *Accurate Advertising.*

There are no restrictions on advertising by counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Postsecondary Accreditation.

b. *Testimonials.*

Counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

c. *Statements by Others.*

Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

d. *Recruiting Through Employment.*

Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices. (See C.5.e.)

e. *Products and Training Advertisements.*

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

f. *Promoting to Those Served.*

Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instruction purposes.

g. *Professional Association Involvement.*

Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. Credentials

a. *Credentials Claimed.*

Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

b. *ACA Professional Membership.*

ACA professional members may announce to the public their membership status. Regular members may not announce their ACA membership in a manner that might imply they are credentialed counselors.

c. *Credential Guidelines.*

Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

d. *Misrepresentation of Credentials.*

Counselors do not attribute more to their credentials than the credentials represent, and do not imply that other counselors are not qualified because they do not possess certain credentials.

e. *Doctoral Degrees From Other Fields.*

Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field do not use the title, "Dr." in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

C.5. Public Responsibility

a. *Nondiscrimination.*

Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See A.2.a.)

b. *Sexual Harassment.*

Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

c. *Reports to Third Parties.*

Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g.)

d. *Media Presentations.*

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code of Ethics and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b.)

e. *Unjustified Gains.*

Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)

C.6. Responsibility to Other Professionals

a. *Different Approaches.*

Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

b. *Personal Public Statements.*

When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession. (See C.5.d.)

c. *Clients Served by Others.*

When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

Section D: Relationships With Other Professionals

D.1. Relationships With Employers and Employees

a. *Role Definition.*

Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

b. *Agreements.*

Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence

to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, workload, and accountability. Working agreements in each instance are specified and made known to those concerned.

c. *Negative Conditions.*

Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

d. *Evaluation.*

Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

e. *In-Service.*

Counselors are responsible for in-service development of self and staff.

f. *Goals.*

Counselors inform their staff of goals and programs.

g. *Practices.*

Counselors provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

h. *Personnel Selection and Assignment.*

Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

i. *Discrimination.*

Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.b.)

j. *Professional Conduct.*

Counselors have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

k. *Exploitive Relationships.*

Counselors do not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

l. *Employer Policies.*

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.2. CONSULTATION (See B.6.)

a. *Consultation as an Option.*

Counselors may choose to consult with any other professionally competent persons about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.

b. *Consultant Competency.*

Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

c. *Understanding with Clients.*

When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

d. *Consultant Goals.*

The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

D.3. Fees for Referral

a. *Accepting Fees from Agency Clients.*

Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See A.10.a., A.11.b., and C.3.d.)

b. *Referral Fees.*

Counselors do not accept a referral fee from other professionals.

D.4. Subcontractor Arrangements

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e. and B.1.f.)

Section E: Evaluation, Assessment, and Interpretation

E.1. General

a. *Appraisal Techniques.*

The primary purpose of educational and psychological assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Counselors recognize the need to interpret the statements in this section as applying to the whole range of appraisal techniques, including test and nontest data.

b. *Client Welfare.*

Counselors promote the welfare and best interests of the client in the development, publication, and utilization of educational and psychological assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations.

E.2. Competence to Use and Interpret Tests

a. *Limits of Competence.*

Counselors recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer-based test interpretations are trained in the construct being measured and the specific instrument being used prior to using this type of computer application. Counselors take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.

b. *Appropriate Use.*

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use computerized or other services.

c. *Decisions Based on Results.*

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a

thorough understanding of educational and psychological measurement, including validation criteria, test research, and guidelines for test development and use.

d. *Accurate Information.*

Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See C.5.c.)

E.3. Informed Consent

a. *Explanation to Clients.*

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand, unless an explicit exception to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by counselors, by assistants, or by computer or other outside services, counselors take reasonable steps to ensure that appropriate explanations are given to the client.

b. *Recipients of Results.*

The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See B.1.a. and C.5.c.)

E.4. Release of Information to Competent Professionals

a. *Misuse of Results.*

Counselors do not misuse assessment results, including test results, and interpretations, and take reasonable steps to prevent the misuse of such by others. (See C.5.c.)

b. *Release of Raw Data.*

Counselors ordinarily release data (e.g. protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data. (See B.1.a.)

E.5. Proper Diagnosis of Mental Disorders

a. *Proper Diagnosis.*

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.3.a. and C.5.c.)

b. *Cultural Sensitivity.*

Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing mental disorders.

E.6. Test Selection

a. *Appropriateness of Instruments.*

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

b. *Culturally Diverse Populations.*

Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

E.7. Conditions of Test Administration

a. *Administration Conditions.*

Counselors administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or

when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

b. *Computer Administration.*

Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are used for test administration. (See A.12.b.)

c. *Unsupervised Test-Taking.*

Counselors do not permit unsupervised or inadequately supervised use of tests or assessments unless the tests or assessments are designed, intended, and validated for self-administration and/or scoring.

d. *Disclosure of Favorable Conditions.*

Prior to test administration, conditions that produce most favorable test results are made known to the examinee.

E.8. Diversity in Testing

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See A.2.a.)

E.9. Test Scoring and Interpretation

a. *Reporting Reservations.*

In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

b. *Research Instruments.*

Counselors exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

c. *Testing Services.*

Counselors who provide test scoring and test interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client.

E.10. Test Security

Counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Tests and Outdated Test Results

Counselors do not use data or test results that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and test data by others.

E.12. Test Construction

Counselors use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of educational and psychological assessment techniques.

SECTION F: TEACHING, TRAINING, AND SUPERVISION

F.1. COUNSELOR EDUCATORS AND TRAINERS

a. *Educators as Teachers and Practitioners.*

Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

b. *Relationship Boundaries with Students and Supervisees.*

Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They are aware of the differential in power that exists and the student's or supervisee's possible incomprehension of that power differential. Counselors explain to students and supervisees the potential for the relationship to become exploitive.

c. *Sexual Relationships.*

Counselors do not engage in sexual relationships with students or supervisees and do not subject them to sexual harassment. (See A.6. and C.5.b)

d. *Contributions to Research.*

Counselors give credit to students or supervisees for their contributions to research and scholarly projects. Credit is given through coauthorship, acknowledgment, footnote statement, or other appropriate means, in accordance with such contributions. (See G.4.b. and G.4.c.)

e. *Close Relatives.*

Counselors do not accept close relatives as students or supervisees.

f. *Supervision Preparation.*

Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques. Counselors who are doctoral students serving as practicum or internship supervisors to master's level students are adequately prepared and supervised by the training program.

g. *Responsibility for Services to Clients.*

Counselors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

h. *Endorsement.*

Counselors do not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Counselors take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

F.2. COUNSELOR EDUCATION AND TRAINING PROGRAMS

a. *Orientation.*

Prior to admission, counselors orient prospective students to the counselor education or training program's expectations, including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and

requirements of the sites for required clinical field experiences, (6) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

b. *Integration of Study and Practice.*

Counselors establish counselor education and training programs that integrate academic study and supervised practice.

c. *Evaluation.*

Counselors clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Counselors provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

d. *Teaching Ethics.*

Counselors make students and supervisees aware of the ethical responsibilities and standards of the profession and the students' and supervisees' ethical responsibilities to the profession. (See C.1. and F.3.e.)

e. *Peer Relationships.*

When students or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that students and supervisees placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors make every effort to ensure that the rights of peers are not compromised when students or supervisees are assigned to lead counseling groups or provide clinical supervision.

f. *Varied Theoretical Positions.*

Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors provide information concerning the scientific bases of professional practice. (See C.6.a.)

g. *Field Placements.*

Counselors develop clear policies within their training program regarding field placement and other clinical experiences. Counselors provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

h. *Dual Relationships as Supervisors.*

Counselors avoid dual relationships such as performing the role of site supervisor and training program supervisor in the student's or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

i. *Diversity in Programs.*

Counselors are responsive to their institution's and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs. (See A.2.a.)

F.3. Students and Supervisees

a. *Limitations.*

Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed, and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss or

refer students or supervisees for assistance. Counselors assure that students and supervisees have recourse to address decisions made, to require them to seek assistance, or to dismiss them.

b. *Self-Growth Experiences.*

Counselors use professional judgment when designing training experiences conducted by the counselors themselves that require student and supervisee self-growth or self-disclosure. Safeguards are provided so that students and supervisees are aware of the ramifications their self-disclosure may have, on counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and not dependent on the student's level of self-disclosure. (See A.6.)

c. *Counseling for Students and Supervisees.*

If students or supervisees request counseling, supervisors or counselor educators provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselor to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See A.6.b.)

d. *Clients of Students and Supervisees.*

Counselors make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients receive professional disclosure information and are informed of the limits of confidentiality. Client permission is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process. (See B.1.e.)

e. *Standards for Students and Supervisees.*

Students and supervisees preparing to become counselors adhere to the Code of Ethics and the Standards of Practice. Students and supervisees have the same obligations to clients as those required of counselors. (See H.1.)

SECTION G: RESEARCH AND PUBLICATION

G.1. RESEARCH RESPONSIBILITIES

a. *Use of Human Subjects.*

Counselors plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors design and conduct research that reflects cultural sensitivity appropriateness.

b. *Deviation from Standard Practices.*

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices. (See B.6.)

c. *Precautions to Avoid Injury.*

Counselors who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

d. *Principal Researcher Responsibility.*

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

e. *Minimal Interference.*

Counselors take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.

f. *Diversity.*

Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See A.2.a. and B.6.)

G.2. Informed Consent

a. *Topics Disclosed.*

In obtaining informed consent for research, counselors use language that is understandable to research participants and that: (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for subjects; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; and (8) instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time. (See B.1.f.)

b. *Deception.*

Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to explain clearly the reasons for this action as soon as possible.

c. *Voluntary Participation.*

Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.

d. *Confidentiality of Information.*

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See B.1.e.)

e. *Persons Incapable of Giving Informed Consent.*

When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation and obtain appropriate consent from a legally authorized person.

f. *Commitments to Participants.*

Counselors take reasonable measures to honor all commitments to research participants.

g. *Explanations After Data Collection.*

After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

h. *Agreements to Cooperate.*

Counselors who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

i. *Informed Consent for Sponsors.*

In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgment.

G.3. Reporting Results

a. *Information Affecting Outcome.*

When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

b. *Accurate Results.*

Counselors plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

c. *Obligation to Report Unfavorable Results.*

Counselors communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

d. *Identity of Subjects.*

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See B.1.g. and B.5.a.)

e. *Replication Studies.*

Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.4. Publication

a. *Recognition of Others.*

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See F.1.d. and G.4.c.)

b. *Contributors.*

Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

c. *Student Research.*

For an article that is substantially based on a student's dissertation or thesis, the student is listed as the principal author. (See F.1.d. and G.4.a.)

d. *Duplicate Submission.*

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

e. *Professional Review.* Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it.

Section H: Resolving Ethical Issues

H.1. Knowledge of Standards

Counselors are familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are member, or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. (See F.3.e.)

H.2. Suspected Violations

a. *Ethical Behavior Expected.*

Counselors expect professional associates to adhere to Code of Ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See H.2.d. and H.2.e.)

b. *Consultation.*

When uncertain as to whether a particular situation or course of action may be in violation of Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

c. *Organization Conflicts.*

If the demands of an organization with which counselors are affiliated pose a conflict with Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to Code of Ethics. When possible, counselors work toward change within the organization to allow full adherence to Code of Ethics.

d. *Informal Resolution.*

When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

e. *Reporting Suspected Violations.*

When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, take action such as reporting the suspected ethical violation to state or national ethics committees, unless this action conflicts with confidentiality rights that cannot be resolved.

f. *Unwarranted Complaints.*

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect clients or the public.

H.3. Cooperation With Ethics Committees

Counselors assist in the process of enforcing Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ACA Policies and Procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

STANDARDS OF PRACTICE

All members of the American Counseling Association (ACA) are required to adhere to the Standards of Practice and the Code of Ethics. The Standards of Practice represent minimal behavioral statements of the Code of Ethics. Members should refer to the applicable section of the Code of Ethics for further interpretation and amplification of the applicable Standard of Practice.

SECTION A: THE COUNSELING RELATIONSHIP

STANDARD OF PRACTICE ONE (SP-1) NONDISCRIMINATION

Counselors respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See A.2.a.)

STANDARD OF PRACTICE TWO (SP-2) DISCLOSURE TO CLIENTS

Counselors must adequately inform clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship. (See A.3.a.)

STANDARD OF PRACTICE THREE (SP-3) DUAL RELATIONSHIPS

Counselors must make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs. (See A.6.a. and A.6.b.)

STANDARD OF PRACTICE FOUR (SP-4) SEXUAL INTIMACIES WITH CLIENTS

Counselors must not engage in any type of sexual intimacies with current clients and must not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationship after two years following termination have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature.

STANDARD OF PRACTICE FIVE (SP-5) PROTECTING CLIENTS DURING GROUP WORK

Counselors must take steps to protect clients from physical or psychological trauma resulting from interactions during group work. (See A.9.b.)

STANDARD OF PRACTICE SIX (SP-6) ADVANCE UNDERSTANDING OF FEES

Counselors must explain to clients, prior to their entering the counseling relationship, financial arrangements related to professional services. (See A.10. a-d. and A.11.c.)

STANDARD OF PRACTICE SEVEN (SP-7) TERMINATION

Counselors must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counseling relationships. (See A.11.a.)

STANDARD OF PRACTICE EIGHT (SP-8) INABILITY TO ASSIST CLIENTS

Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client. (See A.11.b.)

Section B: Confidentiality

Standard of Practice Nine (SP-9) Confidentiality Requirement

Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. (See B.1. a.- f.)

Standard of Practice Ten (SP-10) Confidentiality Requirements for Subordinates

Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates. (See B.1.h.)

Standard of Practice Eleven (SP-11) Confidentiality in Group Work

Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work. (See B.2.a.)

Standard of Practice Twelve (SP-12) Confidentiality in Family Counseling

Counselors must not disclose information about one family member in counseling to another family member without prior consent. (See B.2.b.)

Standard of Practice Thirteen (SP-13) Confidentiality of Records

Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records. (See B.4.b.)

Standard of Practice Fourteen(SP-14) Permission to Record or Observe

Counselors must obtain prior consent from clients in order to electronically record or observe sessions. (See B.4.c.)

Standard of Practice Fifteen (SP-15) Disclosure or Transfer of Records

Counselors must obtain client consent to disclose or transfer records to third parties, unless exceptions listed in SP-9 exist. (See B.4.e.)

Standard of Practice Sixteen (SP-16) Data Disguise Required

Counselors must disguise the identity of the client when using data for training, research, or publication. (See B.5.a.)

Section C: Professional Responsibility

Standard of Practice Seventeen (SP-17) Boundaries of Competence

Counselors must practice only within the boundaries of their competence. (See C.2.a.)

Standard of Practice Eighteen (SP-18) Continuing Education

Counselors must engage in continuing education to maintain their professional competence. (See C.2.f.)

Standard of Practice Nineteen (SP-19) Impairment of Professionals

Counselors must refrain from offering professional services when their personal problems or conflicts may cause harm to a client or others. (See C.2.g.)

Standard of Practice Twenty (SP-20) Accurate Advertising

Counselors must accurately represent their credentials and services when advertising. (See C.3.a.)

Standard of Practice Twenty-one (SP-21) Recruiting Through Employment

Counselors must not use their place of employment or institutional affiliation to recruit clients for their private practices. (See C.3.d.)

Standard of Practice Twenty-two (SP-22) Credentials Claimed

Counselors must claim or imply only professional credentials possessed and must correct any known misrepresentations of their credentials by others. (See C.4.a.)

Standard of Practice Twenty-three (SP-23) Sexual Harassment

Counselors must not engage in sexual harassment. (See C.5.b.)

Standard of Practice Twenty-four (SP-24) Unjustified Gains

Counselors must not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.5.e.)

Standard of Practice Twenty-five (SP-25) Clients Served by Others

With the consent of the client, counselors must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists. (See C.6.c.)

Standard of Practice Twenty-six (SP-26) Negative Employment Conditions

Counselors must alert their employers to institutional policy or conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities, or that may limit their effectiveness or deny clients' rights. (See D.1.c.)

Standard of Practice Twenty-seven (SP-27) Personnel Selection and Assignment

Counselors must select competent staff and must assign responsibilities compatible with staff skills and experiences. (See D.1.h.)

Standard of Practice Twenty-eight (SP-28) Exploitive Relationships with Subordinates

Counselors must not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. (See D.1.k.)

Section D: Relationship With Other Professionals

Standard of Practice Twenty-nine (SP-29) Accepting Fees from Agency Clients

Counselors must not accept fees or other remuneration for consultation with persons entitled to such services through the counselor's employing agency or institution. (See D.3.a.)

Standard of Practice Thirty (SP-30) Referral Fees

Counselors must not accept referral fees. (See D.3.b.)

Section E: Evaluation, Assessment, and Interpretation

Standard of Practice Thirty-one (SP-31) Limits of Competence

Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of psychological assessment techniques by unqualified persons under their supervision. (See E.2.a.)

Standard of Practice Thirty-two (SP-32) Appropriate Use of Assessment Instruments

Counselors must use assessment instruments in the manner for which they were intended. (See E.2.b.)

Standard of Practice Thirty-three (SP-33) Assessment Explanations to Clients

Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results. (See E.3.a.)

Standard of Practice Thirty-four (SP-34) Recipients of Test Results

Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information. (See E.3.b.)

Standard of Practice Thirty-five (SP-35) Obsolete Tests and Outdated Test Results

Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose. (See E.11.)

Section F: Teaching, Training, and Supervision

Standard of Practice Thirty-six (SP-36) Sexual Relationships with Students or Supervisees

Counselors must not engage in sexual relationships with their students and supervisees. (See F.1.c.)

Standard of Practice Thirty-seven (SP-37) Credit for Contributions to Research

Counselors must give credit to students or supervisees for their contributions to research and scholarly projects. (See F.1.d.)

Standard of Practice Thirty-eight (SP-38) Supervision Preparation

Counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques. (See F.1.f.)

Standard of Practice Thirty-nine (SP-39) Evaluation Information

Counselors must clearly state to students and supervisees in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. (See F.2.c.)

Standard of Practice Forty (SP-40) Peer Relationships in Training

Counselors must make every effort to ensure that the rights of peers are not violated when students and supervisees are assigned to lead counseling groups or provide clinical supervision. (See F.2.e.)

Standard of Practice Forty-one (SP-41) Limitations of Students and Supervisees

Counselors must assist students and supervisees in securing remedial assistance, when needed, and must dismiss from the training program students and supervisees who are unable to provide competent service due to academic or personal limitations. (See F.3.a.)

Standard of Practice Forty-two (SP-42) Self-Growth Experiences

Counselors who conduct experiences for students or supervisees that include self-growth or self disclosure must inform participants of counselors' ethical obligations to the profession and must not grade participants based on their nonacademic performance. (See F.3.b.)

Standard of Practice Forty-three (SP-43) Standards for Students and Supervisees

Students and supervisees preparing to become counselors must adhere to the Code of Ethics and the Standards of Practice of counselors. (See F.3.e.)

Section G: Research and Publication

Standard of Practice Forty-four (SP-44) Precautions to Avoid Injury in Research

Counselors must avoid causing physical, social, or psychological harm or injury to subjects in research. (See G.1.c.)

Standard of Practice Forty-five (SP-45) Confidentiality of Research Information

Counselors must keep confidential information obtained about research participants. (See G.2.d.)

Standard of Practice Forty-six (SP-46) Information Affecting Research Outcome

Counselors must report all variables and conditions known to the investigator that may have affected research data or outcomes. (See G.3.a.)

Standard of Practice Forty-seven (SP-47) Accurate Research Results

Counselors must not distort or misrepresent research data, nor fabricate or intentionally bias research results. (See G.3.b.)

Standard of Practice Forty-eight (SP-48) Publication Contributors

Counselors must give appropriate credit to those who have contributed to research. (See G.4.a. and G.4.b.)

Section H: Resolving Ethical Issues

Standard of Practice Forty-nine (SP-49) Ethical Behavior Expected

Counselors must take appropriate action when they possess reasonable cause that raises doubts as to whether counselors or other mental health professionals are acting in an ethical manner. (See H.2.a.)

Standard of Practice Fifty (SP-50) Unwarranted Complaints

Counselors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public. (See H.2.f.)

Standard of Practice Fifty-one (SP-51) Cooperation with Ethics Committees

Counselors must cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. (See H.3.)

REFERENCES

The following documents are available to counselors as resources to guide them in their practices. These resources are not a part of the Code of Ethics and the Standards of Practice.

American Association for Counseling and Development/Association for Measurement and Evaluation in Counseling and Development. (1989). The responsibilities of users of standardized tests (revised). Washington, DC: Author.

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Policies and Procedures for Responding to Members' Requests for Interpretations of the Ethical Standards

Revised by Governing Council April 1994
Effective July 1, 1994

Section: A
Appropriate Requests

1. ACA members may request that the Committee issue formal interpretations of the ACA Code of Ethics for the purpose of guiding the member's own professional behavior.

2. Requests for interpretations will not be considered in the following situations:

a. The individual requesting the interpretation is not an ACA member, or

b. The request is intended to determine whether the behavior of another mental health professional is unethical. In the event an ACA member believes the behavior of another mental health professional is unethical, the ACA member should resolve the issue directly with the professional, if possible, and should file an ethical complaint if appropriate.

Section B:
Procedures

1. Members must send written requests for interpretations to the Committee at ACA Headquarters.

2. Questions should be submitted in the following format: "Does (counselor behavior) violate Sections _____ or any other sections of the ACA Ethical Standards?" Questions should avoid unique details, be general in nature to the extent possible, and be brief.

3. The Committee staff liaison will revise the question, if necessary, and submit it to the Committee Co-Chair for approval.

4. The question will be sent to Committee members who will be asked to respond individually.

5. The Committee Co-Chair will develop a consensus interpretation on behalf of the Committee.

6. The consensus interpretation will be sent to members of the Committee for final approval.

7. The formal interpretation will be sent to the member who submitted the inquiry.

8. The question and the formal interpretation will be published in the ACA newsletter, but the identity of the member requesting the interpretation will not be disclosed.

Policies and Procedures for Processing Complaints of Ethical Violations

Section A: General

1. The American Counseling Association, hereafter referred to as the "Association" or "ACA," is dedicated to enhancing human development throughout the life span and promoting the counseling profession.

2. The Association, in furthering its objectives, administers the Code of Ethics that have been developed and approved by the ACA Governing Council.

3. The purpose of this document is to facilitate the work of the ACA Ethics Committee ("Committee") by specifying the procedures for processing cases of alleged violations of the ACA Code of Ethics, codifying options for sanctioning members, and stating appeals procedures. The intent of the Association is to monitor the professional conduct of its members to promote sound ethical practices. ACA does not, however, warrant the performance of any individual.

Section B Ethics Committee Members

1. The Ethics Committee is a standing committee of the Association. The Committee consists of six (6) appointed members, including two (2) Co-Chairs whose terms overlap. Two members are appointed annually for three (3) year terms by the President-Elect; appointments are subject to confirmation by the ACA Governing Council. Any vacancy occurring on the Committee will be filled by the President in the same manner, and the person appointed shall serve the unexpired term of the member whose place he or she took. Committee members may be reappointed to not more than one (1) additional consecutive term.

2. One (1) of the Committee co-chairs is appointed annually by the President-Elect from among the Committee members who have two (2) years of service remaining and serves as co-chair for two (2) years, subject to confirmation by the ACA Governing Council.

Section C Role and Function

1. The Ethics Committee is responsible for:

a. Educating the membership as to the Association's Code of Ethics;

b. Periodically reviewing and recommending changes in the Code of Ethics of the Association as well as the Policies and Procedures for Processing Complaints of Ethical Violations;

c. Receiving and processing complaints of alleged violations of the Code of Ethics of the Association; and,

d. Receiving and processing questions.

2. The Committee shall meet in person or by telephone conference a minimum of three (3) times per year for processing complaints.

3. In processing complaints about alleged ethical misconduct, the Committee will compile an objective, factual account of the dispute in question and make the best possible recommendation for the resolution of the case. The Committee, in taking any action, shall do so only for cause, shall only take the degree of disciplinary action that is reasonable, shall utilize these procedures with

objectivity and fairness, and in general shall act only to further the interests and objectives of the Association and its membership.

4. Of the six (6) voting members of the Committee, a vote of four (4) is necessary to conduct business. In the event a Co-Chair or any other member of the Committee has a personal interest in the case, he or she shall withdraw from reviewing the case.

5. In the event Committee members recuse themselves from a complaint and insufficient voting members are available to conduct business, the President shall appoint former ACA Committee members to decide the complaint.

Section D
Responsibilities of the Committee

1. The Committee members have an obligation to act in an unbiased manner, to work expeditiously, to safeguard the confidentiality of the Committee's activities, and to follow procedures established to protect the rights of all individuals involved.

Section E
Responsibilities of the Co-Chairs Administering the Complaint

1. In the event that one of the Co-Chairs Administering the Complaint; conflict of interest in a particular case, the other Co-Chair shall administer the complaint. The Co-Chair administering the complaint shall not have a vote in the decision.

2. In addition to the above guidelines for members of the Committee, the Co-Chairs, in conjunction with the Headquarters staff liaison, have the responsibilities of:

a. Receiving, via ACA Headquarters, complaints that have been certified for membership status of the accused;

b. Determining whether the alleged behavior(s), if true, would violate ACA's Code of Ethics and whether the Committee should review the complaint under these rules;

c. Notifying the complainant and the accused member of receipt of the case by certified mail return receipt requested;

d. Notifying the members of the Committee of the case;

e. Requesting additional information from complainants, accused members and others;

f. Presiding over the meetings of the Committee;

g. Preparing and sending, by certified mail, communications to the complainant and accused member on the recommendations and decisions of the Committee; and

h. Arranging for legal advice with assistance and financial approval of the ACA Executive Director.

Section F
Jurisdiction

1. The Committee will consider whether individuals have violated the ACA Code of Ethics if those individuals:

a. Are current members of the American Counseling Association; or

b. Were ACA members when the alleged violations occurred.

2. Ethics committees of divisions, branches, corporate affiliates, or other ACA entities must refer all ethical complaints involving ACA members to the Committee.

Section G
Eligibility to File Complaints

1. The Committee will receive complaints that ACA members have violated one or more sections of the ACA Code of Ethics from the following individuals:

a. Members of the general public who have reason to believe that ACA members have violated the ACA Code of Ethics.

b. ACA members, or members of other helping professions, who have reason to believe that other ACA members have violated the ACA Code of Ethics.

c. The Co-Chair of the Committee on behalf of the ACA membership when the Co-Chair has reason to believe through information received by the Committee that ACA members have violated the ACA Code of Ethics.

2. If possible, individuals should attempt to resolve complaints directly with accused members before filing ethical complaints.

Section H
Time Lines

1. The time lines set forth in these standards are guidelines only and have been established to provide a reasonable time framework for processing complaints.

2. Complainants or accused members may request extensions of deadlines when appropriate. Extensions of deadlines will be granted by the Committee only when justified by unusual circumstance.

Section I
Nature of Communication

1. Only written communications regarding ethical complaints against members will be acceptable. If telephone inquiries from individuals are received regarding the filing of complaints, responding to complaints, or providing information regarding complaints, the individuals calling will be informed of the written communication requirement and asked to comply.

2. All correspondence related to an ethical complaint must be addressed to the Ethics Committee, ACA Headquarters, 5999 Stevenson Avenue, Alexandria, VA 22304, and must be marked "confidential." This process is necessary to protect the confidentiality of the complainant and the accused member.

Section J
Filing Complaints

1. Only written complaints, signed by complainants, will be considered.

2. Individuals eligible to file complaints will send a letter outlining the nature of the complaint to the Committee at the ACA Headquarters.

3. The ACA staff liaison to the Committee will communicate in writing with complainants. Receipt of complaints and confirmation of membership status of accused members as defined in Section F.1, above, will be acknowledged to the complainant. Proposed formal complaints will be sent to complainants after receipt of complaints have been acknowledged.

4. If the complaint does not involve a member as defined in Section F.1., above, the staff liaison shall inform the complainant.

5. The Committee Co-Chair administering a complaint will determine whether the complaint, if true, would violate one or more sections of the ethical standards or if the complaint could be properly decided if accepted. If not, the complaint will not be accepted and the complainant shall be notified.

6. If the Committee Co-Chair administering the complaint determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Committee, the ACA staff liaison to the Committee may request further information from the complainant or others.

7. When complaints are accepted, complainants will be informed that copies of the formal complaints plus evidence and documents submitted in support of the complaint will be provided to the accused member and that the complainant must

authorize release of such information to the accused member before the complaint process may proceed.

8. The ACA staff liaison, after receiving approval of the Committee Co-Chair administering a complaint, will formulate a formal complaint which will be presented to the complainants for their signature.

a. The correspondence from complainants will be received and the staff liaison and Committee Co-Chair administering the complaint will identify all ACA Code of Ethics that might have been violated if the accusations are true.

b. The formal complaint will be sent to complainants with a copy of these Policies and Procedures, a copy of the ACA Code of Ethics, a verification affidavit form and an authorization and release of information form. Complainants will be asked to sign and return the completed complaint, verification affidavit and authorization and release of information forms. It will be explained to complainants that sections of the codes that might have been violated may be added or deleted by the complainant before signing the formal statement.

c. If complainants elect to add or delete sections of the ethical standards in the formal complaint, the unsigned formal complaint shall be returned to ACA Headquarters with changes noted and a revised formal complaint will be sent to the complainants for their signature.

9. When the completed formal complaint, verification affidavit form and authorization and release of information form are presented to complainants for their signature, they will be asked to submit all evidence and documents they wish to be considered by the Committee in reviewing the complaint.

Section K
Notification of Accused Members

1. Once signed formal complaints have been received, accused members will be sent a copy of the formal complaint and copies of all evidence and documents submitted in support of the complaint.

2. Accused members will be asked to respond to the complaint against them. They will be asked to address each section of the ACA Code of Ethics they have been accused of having violated. They will be informed that if they wish to respond they must do so in writing within sixty (60) working days.

3. Accused members will be informed that they must submit all evidence and documents they wish to be considered by the Committee in reviewing the complaint within sixty (60) working days.

4. After accused members have received notification that a complaint has been brought against them, they will be given sixty (60) working days to notify the Committee Co-Chair (via ACA Headquarters) in writing, by certified mail, if they wish to request a formal face-to-face hearing before the Committee. Accused members may waive their right to a formal hearing before the Committee. (See Section P: Hearings).

5. If the Committee Co-Chair determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Committee, the ACA staff liaison to the Committee may request further information from the accused member or others. The accused member shall be given thirty (30) working days from receipt of the request to respond.

6. All requests for additional information from others will be accompanied by a verification affidavit form which the information provider will be asked to complete and return.

7. The Committee may, in its discretion, delay or postpone its review of the case with good cause, including if the Committee wishes to obtain additional information. The accused member may request that the Committee delay or postpone its review of the case for good cause if done so in writing.

Section L
Disposition of Complaints

1. After Receiving the responses of accused members, Committee members will be provided copies of: (a) the complaint, (b) supporting evidence and documents sent to accused members, (c) the response, and (d) supporting evidence and documents provided by accused members and others.

2. Decisions will be rendered based on the evidence and documents provided by the complainant and accused member or others.

3. The Committee Co-Chair administering a complaint will not participate in deliberations or decisions regarding that particular complaint.

4. At the next meeting of the Committee held no sooner than fifteen (15) working days after members received copies of documents related to a complaint, the Committee will discuss the complaint, response, and supporting documentation, if any, and determine the outcome of the complaint.

5. The Committee will determine whether each Code of Ethics the member has been accused of having violated was violated based on the information provided.

6. After deliberations, the Committee may decide to dismiss the complaint or to dismiss charges within the complaint.

7. In the event it is determined that any of the ACA Code of Ethics have been violated, the Committee will impose for the entire complaint one or a combination of the possible sanctions allowed.

Section M
Withdrawal of Complaints

1. If the Complainant and accused member both agree to discontinue the complaint process, the Committee may, at its discretion, complete the adjudication process if available evidence indicates that this is warranted. The Co-Chair of the Committee, on behalf of the ACA membership, shall act as complainant.

Section N
Possible Sanctions

1. Reprinted Remedial requirements may be stipulated by the Committee.

2. Probation for a specified period of time subject to Committee review of compliance. Remedial requirements may be imposed to be completed within a specified period of time.

3. Suspension from ACA membership for a specified period of time subject to Committee review of compliance. Remedial requirements may be imposed to be completed within a specified period of time.

4. Permanent expulsion from ACA membership. This sanction requires a unanimous vote of those voting.

5. The penalty for failing to fulfill in a satisfactory manner a remedial requirement imposed by the Committee as a result of a probation sanction will be automatic suspension until the requirement is met, unless the Committee determines that the remedial requirement should be modified based on good cause shown prior to the end of the probationary period.

6. The penalty for failing to fulfill in a satisfactory manner a remedial requirement imposed by the Committee as a result of a suspension sanction will be automatic

permanent expulsion unless the Committee determines that the remedial requirement should be modified based on good cause shown prior to the end of the suspension period.

7. Other corrective action.

SECTION O
NOTIFICATION OF RESULTS

1. Accused members shall be notified of Committee decisions regarding complaints against them.

2. Complainants will be notified of Committee decisions after the deadline for accused members to file appeals or, in the event an appeal is filed, after a filed appeal decision has been rendered.

3. After complainants are notified of the results of their complaints as provided in Section O., Paragraph 2 above, if a violation has been found and accused members have been suspended or expelled, counselor licensure, certification, or registry boards, other mental health licensure, certification, or registry boards, voluntary national certification boards, and appropriate professional associations will also be notified of the results. In addition, ACA divisions, state branches, the ACA Insurance Trust, and other ACA-related entities will also be notified of the results.

4. After complainants have been notified of the results of their complaint as provided in Section O., Paragraph 2, above, if a violation has been found and accused members have been suspended or expelled, a notice of the Committee action that includes the sections of the ACA ethical standards that were found to have been violated and the sanctions imposed will be published in the ACA newsletter.

SECTION P
HEARINGS

1. At the discretion of the Committee, a hearing may be conducted when the results of the Committee's preliminary determination indicate that additional information is needed.

2. When accused members, within sixty (60) working days of notification of the complaint, request a formal face-to-face or telephone conference hearing before the Committee a hearing shall be conducted. (See Section K.6.)

3. The accused shall bear all their expenses associated with attendance at hearings requested by the accused.

4. The Committee Co-Chair shall schedule a formal hearing on the case at the next scheduled Committee meeting and notify both the complainant and the accused member of their right to attend the hearing in person or by telephone conference call.

5. The hearing will be held before a panel made up of the Committee and if the accused member chooses, a representative of the accused member's primary Division. This representative will be identified by the Division President and will have voting privileges.

SECTION Q
HEARING PROCEDURES

1. Purpose.

a. A hearing will be conducted to determine whether a breach of the ethical standards has occurred and, if so, to determine appropriate disciplinary action.

b. The Committee will be guided in its deliberations by principles of basic fairness and professionalism, and will keep its deliberations as confidential as possible, except as provided herein.

2. Notice.

a. The accused members shall be advised in writing by the Co-Chair administering the complaint of the time and place of the hearing and the charges involved at least forty-five (45) working days before the hearing. Notice shall include a formal statement of the complaints lodged against the accused member and supporting evidence.

b. The accused member is under no duty to respond to the notice, but the Committee will not be obligated to delay or postpone its hearing unless the accused so requests in writing, with good cause reviewed at least fifteen (15) working days in advance. In the absence of such 15 day advance notice and postponement by the Committee, if the accused fails to appear at the hearing, the Committee shall decide the complaint on record. Failure of the accused member to appear at the hearing shall not be viewed by the Committee as sufficient grounds alone for taking disciplinary action.

3. Conduct of the Hearing.

a. Accommodations. The location of the hearing shall be determined at the discretion of the Committee. The Committee shall provide a private room to conduct the hearing and no observers or recording devices other than a recording device used by the Committee shall be permitted.

b. Presiding Officer. The Co-Chair in charge of the case shall preside over the hearing and deliberations of the Committee. At the conclusion of the hearing and deliberations of the Committee, the Co-Chair shall promptly notify the accused member and complainant of the Committee's decision in writing as provided in Section O., Paragraphs 1 and 2, above.

c. Record. A record of the hearing shall be made and preserved, together with any documents presented in evidence, at ACA Headquarters for a period of three (3) years. The record shall consist of a summary of testimony received or a verbatim transcript, at the discretion of the Committee.

d. Right to Counsel. The accused member shall be entitled to have legal counsel present to advise and represent them throughout the hearing. Legal counsel for ACA shall also be present at the hearing to advise the Committee and shall have the privilege of the floor.

e. Witnesses. Either party shall have the right to call witnesses to substantiate his or her version of the case.

f. The Committee shall have the right to call witnesses it believes may provide further insight into the matter. ACA shall, in its sole discretion, determine the number and identity of witnesses to be heard.

g. Witnesses shall not be present during the hearing except when they are called upon to testify and shall be excused upon completion of their testimony and any cross-examination.

h. The Co-Chair administering the complaint shall allow questions to be asked of any witness by the opposition or members of the Committee if such questions and testimony are relevant to the issues in the case.

i. The Co-Chair administering the complaint will determine what questions and testimony are relevant to the case. Should the hearing be disturbed by irrelevant testimony, the Co-Chair administering the complaint may call a brief recess until order can be restored.

j. All expenses associated with counsel on behalf of the parties shall be borne by the respective parties. All expenses associated with witnesses on behalf of the accused shall be borne by the accused when the accused requests a hearing. If the Committee requests the hearing, all expenses associated with witnesses shall be borne by ACA.

4. Presentation of Evidence.:

a. The staff liaison, or the Co-Chair administering the complaint shall be called upon first to present the charge(s) made against the accused and to briefly describe the evidence supporting the

charge. The person presenting the charges shall also be responsible for examining and cross-examining witnesses on behalf of the complainant and for otherwise presenting the matter during the hearing.

b. The complainant or a member of the Committee shall then be called upon to present the case against the accused. Witnesses who can substantiate the case may be called upon to testify and answer questions of the accused and the Committee.

c. If the accused has exercised the right to be present at the hearing, he or she shall be called upon last to present any evidence which refutes the charges against him or her. This includes witnesses as in Subsection (3) above.

d. The accused will not be found guilty simply for refusing to testify. Once the accused member chooses to testify, however, he or she may be cross-examined by the complainant and members of the Committee.

e. The Committee will endeavor to conclude the hearing within a period of approximately three (3) hours. The parties will be requested to be considerate of this time frame in planning their testimony.

f. Testimony that is merely cumulative or repetitious may, at the discretion of the Co-Chair administering the complaint, be excluded.

5. Relevancy of Evidence

a. The Hearing Committee is not a court of law and is not required to observe formal rules of evidence. Evidence that would be inadmissible in a court of law may be admissible in the hearing before the Committee, if it is relevant to the case. That is, if the evidence offered tends to explain, clarify, or refute any of the important facts of the case, it should generally be considered.

b. The Committee will not consider evidence or testimony for the purpose of supporting any charge that was not set forth in the notice of the hearing or that is not relevant to the issues of the case.

6. Burden of Proof

a. The burden of proving a violation of the ethical standards is on the complainant and/or the Committee. It is not up to the accused to prove his or her innocence of any wrong-doing.

b. Although the charge(s) need not be proved "beyond a reasonable doubt," the Committee will not find the accused guilty in the absence of substantial, objective, and believable evidence to sustain the charge(s).

7. Deliberation of the Committee

a. After the hearing is completed, the Committee shall meet in a closed session to review the evidence presented and reach a conclusion. ACA legal counsel may attend the closed session to advise the Committee if the Committee so desires.

b. The Committee shall be the sole trier of the facts and shall weigh the evidence presented and assess the credibility of the witnesses. The act of a majority of the members of the Committee present shall be the decision of the Committee. A unanimous vote of those voting is required for permanent expulsion from ACA membership.

c. Only members of the Committee who were present throughout the entire hearing shall be eligible to vote.

8. Decision of the Committee

a. The Committee will first resolve the issue of the guilt or innocence of the accused on each charge. Applying the burden of proof in subsection (5), above, the Committee will vote by secret ballot, unless the members of the Committee consent to an oral vote.

b. In the event a majority of the members of the Committee do not find the accused guilty, the charges shall be dismissed. If the Committee finds the accused member has violated the Code of Ethics, it must then determine what sanctions, in accordance with Section N: Possible Sanctions, shall be imposed.

c. As provided in Section O., above, the Co-Chair administering the complaint shall notify the accused member and complainant of the Committee's decision in writing.

Section R
Appeals

1. Decisions of the ACA Ethics Committee that members have violated the ACA Code of Ethics may be appealed by the member found to have been in violation based on one or both of the following grounds:

a. The Committee violated its policies and procedures for processing complaints of ethical violations; and/or

b. The decision of the Committee was arbitrary and capricious and was not supported by the materials provided by the complainant and accused member.

2. After members have received notification that they have been found in violation of one or more ACA Code of Ethics, they will be given thirty (30) working days to notify the Committee in writing by certified mail that they are appealing the decision.

3. An appeal may consist only of a letter stating one or both of the grounds of appeal listed in subsection 1 above and the reasons for the appeal.

4. Appealing members will be asked to identify the primary ACA division to which he or she belongs. The ACA President will appoint a three (3) person appeals panel consisting of two (2) former ACA Ethics Committee Chairs and the President of the identified division. The ACA attorney shall serve as legal advisor and have the privilege of the floor.

5. The three (3) member appeals panel will be given copies of the materials available to the Committee when it made its decision, a copy of the hearing transcript if a hearing was held, plus a copy of the letter filed by the appealing member.

6. The appeals panel generally will render its decision regarding an appeal which must receive a majority vote within sixty (60) working days of their receipt of the above materials.

7. The decision of the appeals panel may include one of the following:

a. The decision of the Committee is upheld.

b. The decision of the Committee is reversed and remanded with guidance to the Committee for a new decision. The reason for this decision will be given to the Committee in detail in writing.

8. When a Committee decision is reversed and remanded, the complainant and accused member will be informed in writing and additional information may be requested first from the complainant and then from the accused member. The Committee will then render another decision without a hearing.

9. Decisions of the appeals panel to uphold the Committee decision are final.

Section S
Substantial New Evidence

1. In the Event substantial new evidence is presented in a case in which an appeal was not filed, or in a case which a final decision has been rendered, the case may be reopened by the Committee.

2. The Committee will consider substantial new evidence and if it is found to be substantiated and capable of exonerating a member who was expelled, the Committee will reopen the case and go through the entire complaint process again.

Section T
Records

1. The records of the Committee regarding complaints are confidential except as provided herein.

2. Original copies of complaint records will be maintained in locked files at ACA Headquarters or at an off-site location chosen by ACA.

3. Members of the Committee will keep copies of complaint records confidential and will destroy copies of records after a case has been closed or when they are no longer a member of the Committee.

Section U
Legal Actions Related to Complaints

1. Complaints and accused members are required to notify the Committee if they learn of any type of legal action (civil or criminal) being filed related to the complaint.

2. In the event any type of legal action is filed regarding an accepted complaint, all actions related to the complaint will be stayed until the legal action has been concluded. The Committee will consult with legal counsel concerning whether the processing of the complaint will be stayed if the legal action does not involve the same complainant and the same facts complained of.

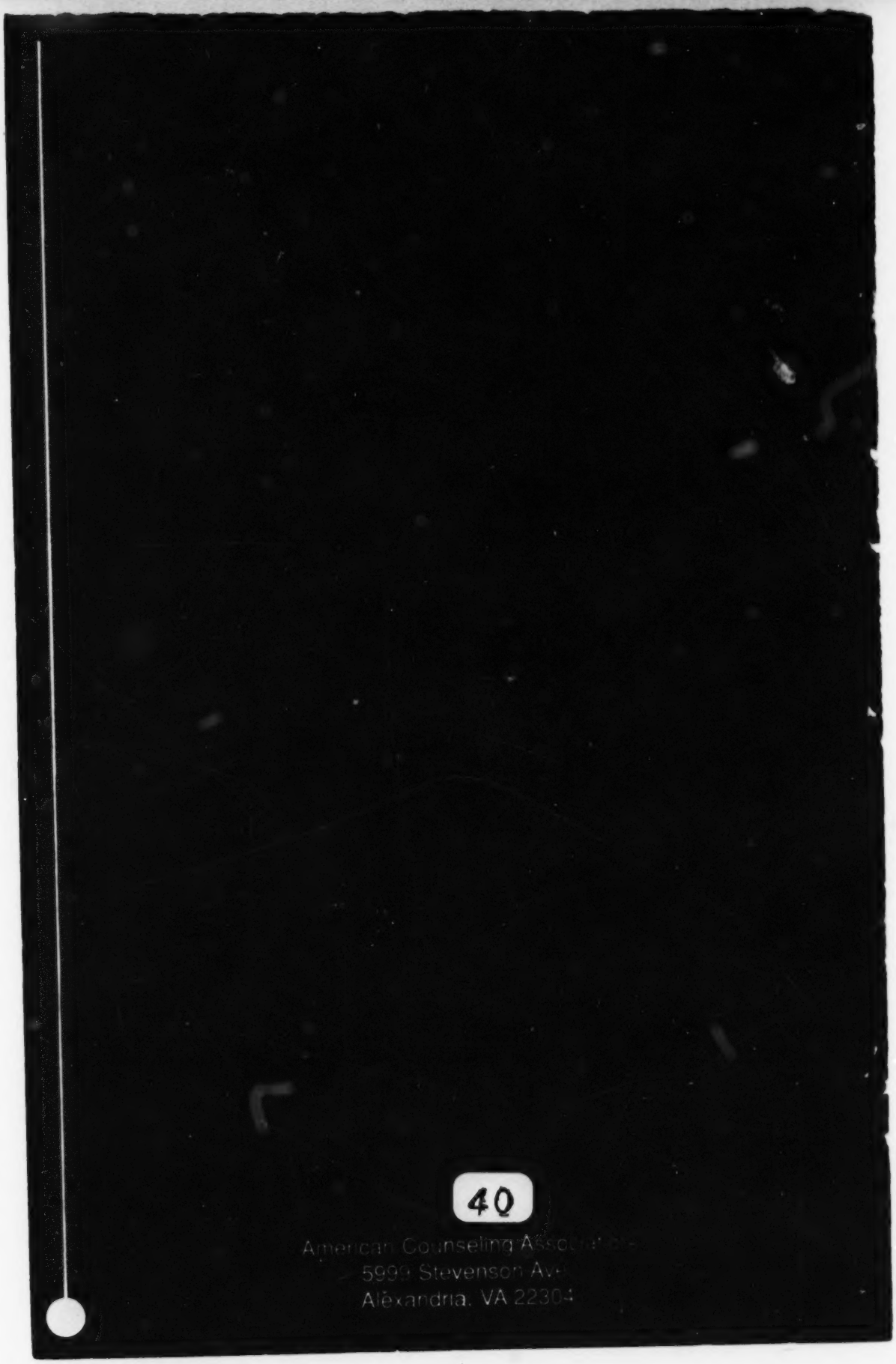
3. If actions on a complaint are stayed, the complainant and accused member will be notified.

4. When actions on a complaint are continued after a legal action has been concluded, the complainant and accused member will be notified.

For information on ordering the *ACA Code of Ethics and Standards of Practice* write to:

ACA Distribution Center
P.O. Box 531
Annapolis Junction, MD 20701-0531.

or call 301-470-4ACA (301-470-4222) • toll free 1-800-422-2648 • fax (301) 604-0158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